



NOTICE OF CHANGE OF OFFICERS OR DIRECTORS

NOTICE REQUIREMENT

Within thirty (30) days of any change in a licensee's directors or principal officers, a report of such change shall be filed on a form prescribed by the Commissioner. (Regulation 4 CSR 140-30.040(6)(c))

FEE REQUIREMENT

Each Notice of Change of Officers or Directors shall be accompanied by a fee of \$50. Checks shall be made payable to the Division of Finance. (Regulation 4 CSR 140-30.030(3))

MAILING INSTRUCTIONS

This Notice, together with the fee of \$50 must be filed with the Division of Finance, Harry S Truman State Office Building, Room 630, P.O. Box 716, Jefferson City, Missouri 65102-0716

LICENSEE NAME _____

LICENSE NUMBER _____

LICENSEE ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

CONTACT PERSON _____

Please indicate Title(s) of the proposed position(s) and the duties and responsibilities to be performed. Please attach resume and personal financial report (forms provided) for all proposed principal officers and/or Directors.

NAME _____ TITLE _____

DUTIES/RESPONSIBILITIES _____

NAME _____ TITLE _____

DUTIES/RESPONSIBILITIES _____

NAME _____ TITLE _____

DUTIES/RESPONSIBILITIES _____



IN THE MISSOURI DIVISION OF FINANCE

RESIDENTIAL MORTGAGE BROKERS LICENSE ACT

APPLICATION FOR CHANGE OF NAME OR ADDRESS

NOTICE REQUIREMENT

A licensee shall file an Application for Change of Name or Address, with the fee, then (10) business days in advance, on a form prescribed by the Commissioner. (Regulation 4 CSR 140-30.040(6)(B))

FEE REQUIREMENT

The Commissioner shall collect an Application for Change of Name or Address Fee of \$50.00. Checks shall be made payable to the Division of Finance. (Regulation 4 CSR 140-30.030(30))

MAILING INSTRUCTIONS

This Application, together with the Fee of \$50.00 must be filed with the Division of Finance, Harry S Truman State Office Building, Room 630, P.O. Box 716, Jefferson City, Missouri 65102-0716

Name Change ☐

Address Change ☐

CURRENT INFORMATION:

LICENSEE NAME _____

LICENSE NUMBER _____

LICENSEE STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

CONTACT PERSON _____

PROPOSED CHANGE:

LICENSEE NAME _____

LICENSEE STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____



IN THE MISSOURI DIVISION OF FINANCE

RESIDENTIAL MORTGAGE BROKERS LICENSE ACT

NOTICE OF INTENT TO ESTABLISH ADDITIONAL FULL-SERVICE OFFICE

NOTICE REQUIREMENT

Each Licensee who intends to operate and maintain an Additional Full-Service Office shall file this Notice of Intent to Establish an Additional Full-Service Office thirty days prior to the proposed opening of such office. (Section 443.839 Regulation 4 CSR 140-30.030(5))

FEE REQUIREMENT

Each Notice of Intent to Establish an Additional Full-Service Office shall be accompanied by an Additional Full-Service Office Fee of \$10.00. Checks shall be made payable to the Division of Finance.

MAILING INSTRUCTIONS

This Notice, together with the Additional Full-Service Office Fee of \$10.00, must be filed with the Division of Finance, Harry S Truman State Office Building, Room 630, P.O. Box 716, Jefferson City, Missouri 65102-0716.

LICENSEE NAME _____

LICENSE NUMBER _____

LICENSEE ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

CONTACT PERSON _____

ADDITIONAL FULL-SERVICE OFFICE ADDRESS _____

CITY, STATE, ZIP _____

MANAGER/OPERATOR _____

PHONE NUMBER _____ ANTICIPATED OPENING DATE _____

HOURS OF OPERATION _____ NUMBER OF EMPLOYEES _____

VERIFICATION

UNDER PENALTIES AS PROVIDED BY LAW, including the Residential Mortgage Brokers License Act, the undersigned certifies that the information set forth in this Notice is true and correct. The undersigned further certifies that all other information provided by the Licensee to the Division of Finance remains true and correct.

In addition to the Act and Rules generally, the Licensee agrees to comply with all of the Act and Rules' Additional Full-Service Office and Full-Service Office requirements set forth at Sections 443.803(11), 443.841 and 443.857, of the Act and Regulations 4 CSR 140-30.030(5) and 4 CSR 140-30.040(10) of the Rules.

This verification must be signed by the owner, if the licensee is a sole proprietorship; by all partners, if the licensee is a partnership; by all directors, if the licensee is a corporation; by all members, if the licensee is an association; or by all managers and all members retaining any authority or responsibility under the operating agreement, if the licensee is a limited liability company.

LICENSEE NAME _____

LICENSE NUMBER _____

By: _____ Date: _____
(Print Name and Title)

By: _____ Date: _____
(Print Name and Title)

By: _____ Date: _____
(Print Name and Title)

By: _____ Date: _____
(Print Name and Title)

State of _____)
County of _____)

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, 19 ____.

NOTARY SIGNATURE _____

(Seal)